

Bayfield County
Planning and Zoning Department
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT

BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

MAY 10 2013

Bayfield Co. Zoning Dept.

Permit #:	13-0090
Date:	5-20-13
Amount Paid:	\$185
Refund:	5-10-13

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (Visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER		
Owner's Name: DAN GREENRUSH	Mailing Address: 623 HLOVER RD HUDSON WI 54866	Telephone: _____
Address of Property: LOT 17	City/State/Zip: WASH BURN WI 54891	Cell Phone: 612-791-7085
Contractor: 1008 WAY BUILDERS	Contractor Phone: 715-635-5224	Plumber: _____
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone: _____	Agent Mailing Address (include City/State/Zip): _____
PROJECT LOCATION: 1/4, 1/4	Legal Description: (Use Tax Statement) 04-008-2-45-05-17-4 00-176-0700	Recorded Document: (i.e. Property Ownership) 1088 Page(s) 460
Section 17 , Township 48 N, Range 5 W	Town of: Bayfield	Subdivision: Plot of Freedman Valley
<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input type="checkbox"/> If yes---continue →	Distance Structure is from Shoreline: _____ feet
<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage <input type="checkbox"/> If yes---continue →	Distance Structure is from Shoreline: _____ feet
		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Ave Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$4000.00	<input type="checkbox"/> New Construction <input checked="" type="checkbox"/> 1-Story <input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> 2-Story <input type="checkbox"/> 3 <input checked="" type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary Specify Type: Septic <input checked="" type="checkbox"/> City <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> Year Round <input type="checkbox"/> 2 <input type="checkbox"/> Sanitary (Exists) Specify Type: Septic <input checked="" type="checkbox"/> Well <input type="checkbox"/> Conversion <input type="checkbox"/> 2-Story <input type="checkbox"/> 3 <input type="checkbox"/> Privy (Prt) or <input type="checkbox"/> Vaulted (min 200 gallon) <input type="checkbox"/> Relocate (existing bldg) <input checked="" type="checkbox"/> Basement <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Run a Business on Property <input checked="" type="checkbox"/> No Basement <input type="checkbox"/> Foundation <input type="checkbox"/> Compost Toilet <input type="checkbox"/> Property <input type="checkbox"/> Foundation <input type="checkbox"/> None <input type="checkbox"/> None					

Existing Structure: (if permit being applied for is relevant to it)	Length: 20	Width: 20	Height: 8
Proposed Construction:			

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/> Principal Structure (first structure on property) Pole Building	180 x 201	400
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)		
	with Loft		
	with a Porch		
	with (2 nd) Deck		
	with a Deck		
	with (2 nd) Deck		
	with Attached Garage		
<input type="checkbox"/> Commercial Use	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities		
	Mobile Home (manufactured date)		
	Addition/Alteration (specify)		
	Accessory Building (specify)		
	Accessory Building Addition/Alteration (specify)		
Rec'd for Issuance	Special Use: (explain)		
	Conditional Use: (explain)		
	Other: (explain)		
MAY 16 2013			

Secretarial Staff

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.
I, the undersigned, including any accompanying information, has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): **D. Greenrush** Date **4-15-13**
(if there are Multiple Owners listed on the Deed all Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ (if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit _____

If you recently purchased the property send your Recorded Deed

Copy of Tax Statement

Attach

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

NEEDS SAN INSPECTION DUE MARCH 2013

Indicate your property (regardless of what you are applying for)

Proposed Construction

North (N) on Plot Plan

(*) Driveway and (*) Frontage Road (Name Frontage Road)

All Existing Structures on Your Property

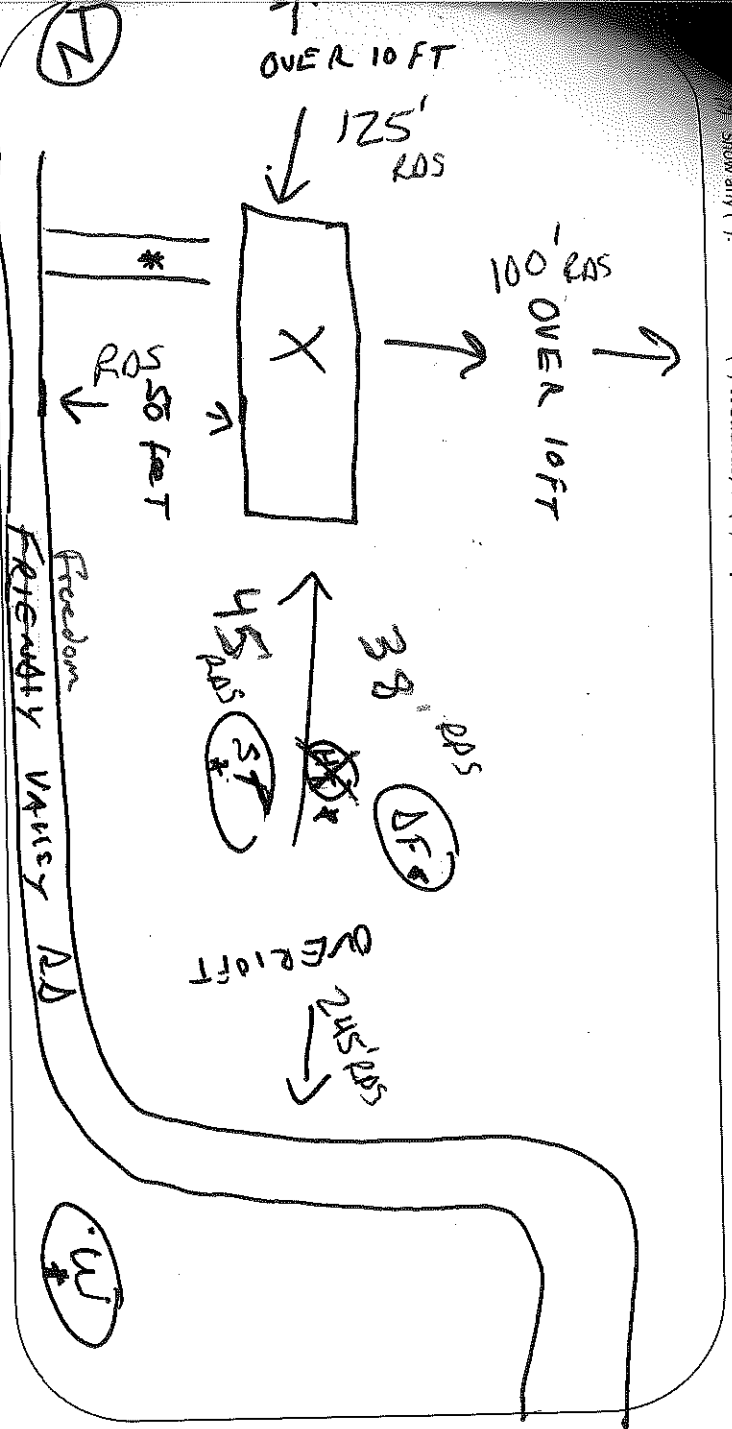
(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond

(*) Wetlands; or (*) Slopes over 20%

Show any (*):

Show any (*):



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
back from the Centerline of Platted Road	60 Feet	Setback from the Lake (ordinary high-water mark)	Feet
back from the Established Right-of-Way	50 Feet	Setback from the River, Stream, Creek	Feet
back from the North Lot Line	100 Feet	Setback from the Bank or Bluff	Feet
back from the South Lot Line	100 Feet	Setback from Wetland	Feet
back from the West Lot Line	100 Feet	Setback from 20% Slope Area	Feet
back from the East Lot Line	50 Feet	Elevation of Floodplain	Feet
back to Septic Tank or Holding Tank	25 Feet	Setback to Well	200 Feet
back to Drain Field	25 Feet		
back to Privy (Portable, Composting)			

Setback to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the previously surveyed corner or marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

Sanitary Information (County Use Only)

Sanitary Number: 32141

of bedrooms: 3

Sanitary Date: 1/1/11

Permit Denied (Date):

Reason for Denial:

Permit #: 13-0090

Permit Date: 5-20-13

Is Parcel a Sub-Standard Lot

☒ Yes (Deed of Record)

☒ No

Is Parcel in Common Ownership

☒ Yes (Fused/Contiguous Lots)

☒ No

Is Structure Non-Conforming

☒ Yes

☒ No

Granted by Variance (B.O.A.)

Case #:

Was Parcel legally Created

☒ Yes ☒ No

Was Proposed Building Site Delineated

☒ Yes ☒ No

Inspection Record: S.H. 1021 Identified. Setbacks as represented by Building Survey to identify Code Compliance location at 150' x 100'.

Approved: 5/15/2013

Inspected by: Robert Schirmer

Condition(s): Town, Committee or Board Conditions Attached? ☒ Yes ☒ No (If No they need to be attached.)

Signature of Inspector: [Signature]

Date of Approval: 5/15/2013

Hold For Sanitary: ☐

Hold For TBA: ☐

Hold For Affidavit: ☐

Hold For Fees: ☐

SUBMITTER'S COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY / WISCONSIN
Date Stamp (Received)
MAY 08 2013
Bayfield Co. Zoning Dept.

Permit #:	13-0098	ENTERED
Date:	5-23-13	
Amount Paid:	\$75.00 Cash	
Refund:	RDS 5/8/15	

INSTRUCTIONS: No permits will be issued until all fees are paid.
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HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVATE ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: <u>Eric Holman</u>	Mailing Address: <u>78755 Hwy 13</u>	City/State/Zip: <u>Washburn WI 54891</u>	Telephone: <u>715 373-0370</u>
Address of Property: <u>78755 State Hwy 13</u>		Cell Phone: <u>715 292-0191</u>	
Contractor: <u>Self</u>	Contractor Phone:	Plumber:	Plumber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:	Agent Mailing Address (include City/State/Zip):
PROJECT LOCATION <u>Less N 66'</u> <u>1/4 1/4</u>		PIN: (23 digits) <u>008249042120100030000</u>	Recorded Document: (i.e. Property Ownership) Volume <u>1053</u> Page(s) <u>965</u>
Gov't Lot		Lot(s)	CSM
Vol & Page		Lot(s) No.	Block(s) No.
Town of: <u>Bayview</u>		Lot Size	Acreage <u>9</u>

<input type="checkbox"/> Shoreland →	<input checked="" type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline: <u>200</u> feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline: feet		
<input type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ <u>3,000.00</u>	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> None	<input type="checkbox"/>	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Post	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it)	Length: <u>24</u>	Width: <u>17</u>	Height: <u>12</u>
Proposed Construction:	Length: <u>24</u>	Width: <u>17</u>	Height: <u>12</u>

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(<input type="checkbox"/> X <input type="checkbox"/>)	
	with Loft	(<input type="checkbox"/> X <input type="checkbox"/>)	
	with a Porch	(<input type="checkbox"/> X <input type="checkbox"/>)	
	with (2 nd) Porch	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Commercial Use	with a Deck	(<input type="checkbox"/> X <input type="checkbox"/>)	
	with (2 nd) Deck	(<input type="checkbox"/> X <input type="checkbox"/>)	
	with Attached Garage	(<input type="checkbox"/> X <input type="checkbox"/>)	
	Bunkhouse w/ (<input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities)	(<input type="checkbox"/> X <input type="checkbox"/>)	
	Mobile Home (manufactured date)	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Addition/Alteration (specify)	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input checked="" type="checkbox"/> Accessory Building (specify) <u>wood shed</u>	(<u>24</u> x <u>27</u>)	<u>648</u>
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	(<input type="checkbox"/> X <input type="checkbox"/>)	
Rec'd for Issuance			
MAY 23 2013	<input type="checkbox"/> Special Use: (explain)	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> Conditional Use: (explain)	(<input type="checkbox"/> X <input type="checkbox"/>)	
Secretarial Staff	Other: (explain)	(<input type="checkbox"/> X <input type="checkbox"/>)	

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Eric Holman Eric Holman Karen Holman Date 5-8-13
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit _____
If you recently purchased the property send your Recorded Deed

Draw or sketch your Property (regardless of what you are applying for)

Show Location of:

Show / Indicate:

Show Location of (*):

(*)

Show:

(*)

Show any (*):

(*)

Show any (*):

Proposed Construction

North (N) on Plot Plan

(*) Driveway and (*) Frontage Road (Name Frontage Road)

All Existing Structures on your Property

(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond

(*) Wetlands; or (*) Slopes over 20%

See Attached Map

Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	245 Feet	Setback from the Lake (ordinary high-water mark)	NA Feet
Setback from the Established Right-of-Way	200 Feet	Setback from the River, Stream, Creek NA NA	215 Feet
		Setback from the Bank or Bluff	NA Feet
Setback from the North Lot Line	500 Feet		
Setback from the South Lot Line	85 Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	410 Feet	Setback from 20% Slope Area	NA Feet
Setback from the East Lot Line	200 Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	50 Feet	Setback to Well	50 Feet
Setback to Drain Field	50 Feet		
Setback to Privy (Portable, Composting)	NA Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:		Sanitary Date:
Permit Denied (Date):		Reason for Denial:			
Permit #	13-0098	Permit Date:	5-23-13		
Is Parcel a Sub-Standard Lot		<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	
Is Parcel in Common Ownership		<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	
Is Structure Non-Conforming		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Affidavit Attached	
Granted by Variance (B.O.A.)		Case #:	NA		
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner		
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed		
Inspection Record: Site 3, Setbacks as represented by owner appear to be Code compliant. Land use permit may be issued		Zoning District (RR5)			
Date of Inspection: 5/14/2013		Inspected by: Robert Schirmer	Date of Re-Inspection:		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)					
Signature of Inspector:		Date of Approval: 5/14/2013			
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>	

Bayfield County, WI

